Pamela Hintz 651.621.8535 - Direct PHintz@otcpas.com



Depend on Our People. Count on Our Advice.[™]

June 29, 2017

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361410, MN, Johnson Telephone Company Connect America Fund WC Dockets 10-90, 11-42 and 14-58

Dear Secretary Dortch:

Pursuant to Sections 54.313 and 54.422 of the Commission's Rules, please accept the attached FCC Form 481 of Johnson Telephone Company, MN, SAC 361410 (the "Company") for filing with the Commission.

The Company is filing the attached redacted version via ECFS.

Kindly direct any questions regarding this transmittal to the undersigned. Thank you.

Sincerely,

Pamela Hintz

Senior Telecommunications Consultant phintz@otcpas.com

(651) 621-8535

Enclosures

FCC Form 481 - Carrier Arms FLOAGTED - FOR PUBLIC INSPERIOR S6/OMB Control No. 3060-0819 Data Collection Form

| <010> | Study Area Code | 361410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name: Person USAC should contact with questions about this data | PAMELA HINTZ |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | phintz@otcpas.com |
| | Form Type | 54.313 and 54.422 |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|--|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| | July 2013 |

| ction Form | eporting (Void | | | | | | | OM | | -0986/OMB Control N | o. 3060-0819 |
|---------------|--|---|---|---|--|---|---|--|---|--|---|
| Study Area Co | de | | | | 361410 | | | | | | |
| Study Area Na | ıme | | | | JOHNSON TEL | CO | | | | | |
| Program Year | | | | | 2018 | | | | | | |
| Contact Name | e - Person USAC | Should contac | t regarding this | data | | | | | | | |
| | | | | | 30> | ext. | | | | | |
| Contact Email | Address - Ema | il Address of pe | erson identified | in data line <0 |)30> phintz@otcp | pas.com | | | | | |
| For the prior | calendar yea | ar, were there | e any reportal | ole voice serv | ice outages? | No | | | | | |
| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h>></h> |
| NORS | | | | | | | | | Did This Outage | | |
| Reference | _ | _ | Outage End | Outage End | Number of | | 911 Facilities | Service Outage | Affect Multiple | | _ |
| Number | Date | Time | Date | Time | Customers Affected | | | | • | _ | Preventative Procedures |
| | | | | | | Customers | (Tes / NO) | ан спас арргу) | (1es / NO) | Resolution | Procedures |
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| | Study Area Na Program Year Contact Name Contact Telep Contact Email For the prior <a>> NORS | Contact Telephone Number Contact Email Address - Ema For the prior calendar yea <a> <b1> NORS Reference Outage Start</b1> | Study Area Name Program Year Contact Name - Person USAC should contact Contact Telephone Number - Number of person USAC should contact Contact Email Address - Email Address of person the prior calendar year, were there <a> <b1> <b2> NORS Reference Outage Start Outage Start</b2></b1> | Study Area Name Program Year Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified For the prior calendar year, were there any reportal <a> <b1> <b2> <b3> <b3> <b3> <b1> <b2 <b3=""> <b3 <b1=""> <b1> <b1> <b1> <b1> <b1> <b1> <b1></b1></b1></b1></b1></b1></b1></b1></b3></b2></b1></b3></b3></b3></b2></b1> | Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0 Contact Email Address - Email Address of person identified in data line <0 For the prior calendar year, were there any reportable voice serv <a> <b1> <b2> <b3> <b4> NORS Reference Outage Start Outage Start Outage End Outage End Outage End</b4></b3></b2></b1> | Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcg For the prior calendar year, were there any reportable voice service outages? <a> <b1> <b2> <b3> <b4> <c1> <b1> <b2> <b3> <b4> <c1> <b1> <b1> <b1> <b1> <b1> <b1> <b1> <b< td=""><td>Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? No <a> <b1> <b2> <b3> <b4> <c1> <c2> </c2> NORS Reference Outage Start Outage End Outage End Outage End Number of</c1></b4></b3></b2></b1></td><td>Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? Abla</td><td>Study Area Code Study Area Name JOHNSON TEL CO Program Year 2018 Contact Name - Person USAC should contact regarding this data PAMELA HINTZ Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext. Contact Email Address - Email Address of person identified in data line <030> For the prior calendar year, were there any reportable voice service outages? Nors Reference Number Date Outage Start Time Date Outage End Date Time Date JOHNSON TEL CO Adfected PAMELA HINTZ 6516218535 ext. For the prior calendar year, were there any reportable voice service outages? No Service Outage Description (Check</td><td>Study Area Name Program Year Contact Name - Person USAC should contact regarding this data PAMELA HINTZ Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? Above the prior calendar year, were there any reportable voice service outages? Nors Reference Number Outage Start Outage Start Time Outage End Date Time Outage End Time Outage Affected Total Number of Customers Affected Total Number of Affected Description (Check Study Areas)</td><td>Study Area Code Study Area Name Study</td></b<></b1></b1></b1></b1></b1></b1></b1></c1></b4></b3></b2></b1></c1></b4></b3></b2></b1> | Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? No <a> <b1> <b2> <b3> <b4> <c1> <c2> </c2> NORS Reference Outage Start Outage End Outage End Outage End Number of</c1></b4></b3></b2></b1> | Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> phintz@otcpas.com For the prior calendar year, were there any reportable voice service outages? Abla | Study Area Code Study Area Name JOHNSON TEL CO Program Year 2018 Contact Name - Person USAC should contact regarding this data PAMELA HINTZ Contact Telephone Number - Number of person identified in data line <030> 6516218535 ext. Contact Email Address - Email Address of person identified in data line <030> For the prior calendar year, were there any reportable voice service outages? 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| (300) Unfulfilled Service Request Data Collection Form | | O | CC Form 481 IMB Control No. 3060-0986/OMB Control i uly 2013 | No. 3060-0819 |
|---|---------------------------|---|--|---------------|
| <010> Study Area Code | 361410 | | | |
| <015> Study Area Name | JOHNSON TEL CO | | | |
| <020> Program Year | 2018 | | | |
| <030> Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ | | | |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. | | | |
| <039> Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com | | | |
| <300> Unfulfilled service request (voice) | 0 | | | |
| <310> Detail on attempts (voice) | | | | |
| Na | me of Attached Document | | | |
| <320> Unfulfilled service request (broadband) | 0 | | | |
| 222 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| <330> Detail on attempts (broadband) | Name of Attached Document | | | - |

| (400) Number of Complaints per 1,000 customers | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 361410 | |
|-------|---|--|------------------------------|
| <015> | Study Area Name | JOHNSON TEL CO | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should conta | ct regarding this data | \ HINTZ |
| <035> | Contact Telephone Number - Number of p <030> | erson identified in data line | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of p <030> | erson identified in data line | phintz@otcpas.com |
| <400> | Select from the drop-down list to indicate had voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or other services. | telephony service in the prior n you are designated an ETC fo | |
| <410> | Complaints per 1000 customers for fixed vo | oice | 0.0 |
| <420> | Complaints per 1000 customers for mobile | voice | |
| <430> | Select from the drop-down list to indicate lend-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate, | ater) for broadband service in a in which you are designated | Offered only fixed broadband |
| <440> | Complaints per 1000 customers for fixed b | roadband | 0.0 |
| <450> | Complaints per 1000 customers for mobile | broadband | |

| • | npliance With Service Quality Standards and Consumer Protection Rules ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|--------------------|--|
| <010> | Study Area Code | 361410 | |
| <015> | Study Area Name | JOHNSON TEL CO | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com | |
| <500> | Certify compliance with applicable service quality standards and consumer pro | otection rules Yes | |
| | | 361410mn510.pdf | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Ru | ules Compliance | |
| <515> | Certify compliance with applicable minimum service standards | | |

(600) Functionality in Emergency Sit Rate DACTED - FOR PUBLIC INSECTION

Data Collection FormOMB Control No. 3060-0986/OMB Control No. 3060-0819July 2013

| <010> | Study Area Code | 361410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 361410mn610.pdf |
| | | |

| (700) Price Offerings including Voice Rate Data Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--------------------------------------|--|
| <010> Study Area Code | 361410 | |
| <015> Study Area Name | JOHNSON TEL CO | |
| <020> Program Year | 2018 | |
| <030> Contact Name - Person USAC should contact regarding this | data PAMELA HINTZ | |
| <035> Contact Telephone Number - Number of person identified i | n data line <030> 6516218535 ext. | |
| <039> Contact Email Address - Email Address of person identified | in data line <030> phintz@otcpas.com | |
| <701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge | 1/2017 | |

| <703> | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-------|-----------|-----------------|------------|-----------|-------------------|-------------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | | Residential Local | | | Mandatory Extended Area | |
| | State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
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Page 8

| (710) Broadbrand Price Offerings | FCC Form 481 |
|----------------------------------|--|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| | July 2013 |

| <010> | Study Area Code 3 | 61410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | <d3></d3> | <d4></d4> |
|-------|-----------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select } |
| | | | | | | | | | |
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| (800) Op | erating Companies | | | FCC Form 481 |
|-----------|-------------------------|---|-------------------|---|
| Data Coll | lection Form | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | | 361410 | |
| <015> | Study Area Name | | JOHNSON TEL CO | |
| <020> | Program Year | | 2018 | |
| <030> | Contact Name - Person L | JSAC should contact regarding this data | PAMELA HINTZ | |
| <035> | Contact Telephone Num | ber - Number of person identified in data line <030> | 6516218535 ext. | |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> | phintz@otcpas.com | |
| <810> | Reporting Carrier | Johnson Telephone Company | | |
| <811> | Holding Company | Johnson Telephone Company | | |
| <812> | Operating Company | Johnson Telephone Company | <u> </u> | |

| 13> | <a1></a1> | <a2></a2> | <a3></a3> |
|-----|------------|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
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| | bal Lands Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|---|---------------------------|--|
| <010> | Study Area Code | 361410 | |
| <015> | Study Area Name | JOHNSON TEL CO | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com | |
| <900> | Does the filing entity offer tribal land services? (Y/N) | Yes | |
| <910> | Tribal Land(s) on which ETC Serves | Leech Lake Band of Ojibwe | |
| <920> | Tribal Government Engagement Obligation | 361410mn920.pdf | hed Document |

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select | | | | |
|----------------|--|--|--|--|
| Yes or No or | | | | |
| Not Applicable | | | | |
| Yes | | | | |
| | | | | |
| Yes | | | | |

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|------------------|---|---------------------------------|---|-----------------------------------|---------------------|
| (1000) V | pice and Broadband Service Rate Comparability | | | FCC Form 481 | |
| Data Coll | ection Form | | | OMB Control No. 3060-0986/OMB Cor | ntrol No. 3060-0819 |
| | | | | July 2013 | |
| | | | | | |
| <010> | Study Area Code | 361410 | | | |
| <015> | Study Area Name | JOHNSO | ON TEL CO | | |
| <020> | Program Year | 2018 | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | | A HINTZ | | |
| <035> | Contact Telephone Number - Number of person identified in data line < | | 18535 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line < | <030> phint: | z@otcpas.com | | |
| <1000> <1010> | Voice services rate comparability certification Attach detailed description for voice services rate comparability compliance | Yes 361410mn10 | lO.pdf | | |
| | | | Name of Attached Docume | nt | |
| <1020> | Broadband comparability certification | | cing is no more than th ine Competition Bureau | ue most recent applicable bench | mark announced by |
| <1030> | Attach detailed description for broadband comparability compliance | 361410mn103 | 0.pdf | | |

Name of Attached Document

| • | o Terrestrial Backhaul Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
|--------|--|-------------------|---|--|
| | | | July 2013 | |
| <010> | Study Area Code | 361410 | | |
| <015> | Study Area Name | JOHNSON TEL CO | | |
| <020> | Program Year | 2018 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com | | |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | Yes | | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps | | |

| Lifeline | erms and Condition for Lifeline Customers | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|---|-----------------|---------|--|
| <010> | Study Area Code | 361410 | | |
| <015> | Study Area Name | JOHNSON TE | EL CO | |
| <020> | Program Year | 2018 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HIN | TZ | |
| <035> | Contact Telephone Number - Number of person identified in data line <0 | 030> 6516218535 | ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line < | 030> phintz@otc | pas.com | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | 361410mn1210. | | Name of Attached Document |
| | | | | Name of Attached Document |
| <1220> | Link to Public Website HTT | - P | | |
| or the we | neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: | | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | | | |
| <1222> | Details on the number of minutes provided as part of the plan, | <u> </u> | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | | | |

| Data Col | rice Cap Carrier Additional Documentation lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|-----------|---|-------------------|---|
| Including | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | July 2013 |
| <010> | Study Area Code | 361410 | |
| <015> | Study Area Name | JOHNSON TEL CO | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com | |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

| <2011> | 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support. | |
|---------|---|--|
| <2022> | Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | |
| <2023> | The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only. | |
| <2024A> | Round 2 Recipient of Incremental Support? | |
| <2024B> | Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only. | Name of Attached Document Listing Required Information |
| <2025A> | Round 2 Recipient of Incremental Support? | |
| <2025B> | Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013). | Name of Attached Document Listing Required Information |
| <2015> | 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4) | |

| (2005) Price Cap | Carrier Additional Documentation | FCC Form 481 | |
|-------------------|--|---|--|
| Data Collection F | Form | | o. 3060-0986/OMB Control No. 3060-0819 |
| Including Rate-of | F-Return Carriers affiliated with Price Cap Local Exchange Carriers | July 2013 | |
| Price Ca | p Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | |
| <2016> | Certification support used to build broadband | | |
| Connect | America Phase II Reporting {47 CFR § 54.313(e)} | | |
| <2017A> | Connect America Fund Phase II recipient? | | |
| <2017C> | Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016. | | |
| <2018> | Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A) | Name of Attached Document Listing Required Information | |
| <2019> | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C) | | |

(3005) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| <010> | Study Area Code | 361410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | | |
|---------|---|-------------------------------------|------------------------|------------------|
| (3010A) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} | | Yes - Attach Certifi | 361410mn3010.pdf |
| (3010B) | Please Provide Attachment | Name of Attached Doc Information | ument Listing Required | |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community | Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Doc Information | ument Listing Required | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | O O | |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | • 0 | |
| (3015) | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports | | [v] | |
| (3013) | (Operating Report for Telecommunications Borrowers) | | | |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <u> </u> | 361410mn3017.pdf |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Doc Information | ument Listing Required | |
| (3018) | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | (Yes/No) | 0 0 | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | | |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | | |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | | |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | | |
| (3024) | Underlying information subjected to an officer certification. | | | |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | | |
| (3026) | Attach the worksheet listing required information | Name of Attached Doc Information | ument Listing Required | |

| : :==; :=== | |
|--|---|
| (3005) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 361410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |
| | | |

| Financial Data Sun | nmary |
|--------------------|-------|
|--------------------|-------|

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| <010> | Study Area Code | 361410 |
|-------|---|----------------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data lir | ne <030> 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data li | ne <030> phintz@otcpas.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

| If yes to 4003A, please provide a response for 4003B. | | | |
|--|--|--|--|
| 4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | | |
| Broadband Deployment Locations – FCC 14-98 (par | agraph 80) | | |
| 4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. | Name of Attached Document Listing Required Information | | |
| 4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband | Name of Attached Document Listing Required Information | | |

| Certification - Reporting Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|--|
| <010> | Study Area Code | 361410 |
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to | o the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients |
|---|--|
| | sponsibilities include ensuring the accuracy of the annual reporting requirements for universal service support tion reported on this form and in any attachments is accurate. |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form ca | an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

| Certification - Agent / Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|---|--|
| <010> | Study Area Code | 361410 |
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | | | |
|--|---|--|--|--|
| I certify that (Name of Agent) Olsen Thielen is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | | | | |
| Name of Authorized Agent: Olsen Thielen | | | | |
| Name of Reporting Carrier: JOHNSON TEL CO | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: 06/29/2017 | | | |
| Printed name of Authorized Officer: Dwayne Johnson | | | | |
| Title or position of Authorized Officer: Vice President | | | | |
| Telephone number of Authorized Officer: 2185662302 ext. | | | | |
| Study Area Code of Reporting Carrier: 361410 | Filing Due Date for this form: 07/03/2017 | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | | | |
|--|----------------------------|----------------------------------|--|--|
| | | | | |
| , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipier The data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information repo | | | | |
| Name of Reporting Carrier: JOHNSON TEL CO | | | | |
| Name of Authorized Agent Firm: Olsen Thielen | | | | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: | 06/29/2017 | | |
| Name of Authorized Agent Employee: Tom Campbell | | | | |
| Title or position of Authorized Agent or Employee of Agent Consultant | | | | |
| Telephone number of Authorized Agent or Employee of Agent: 6516218511 ext. | | | | |
| Study Area Code of Reporting Carrier: 361410 Filing Due Date for this form: 07/03/2017 | | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 18 of the United States Code, 18 U.S.C. § 1001. | ' U.S.C. §§ 502, 503(b), o | fine or imprisonment under Title | | |

Attachments

| (700) Price Offerings including Voice Rate Data | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | |
|---|--|--|
| Data Collection Form | | |
| 2010. Study Area Code | 361410 | |

| <010> | Study Area Code | 301410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2017

<703>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| \d1> | \d2> | \d3/ | \U1> | Residential Local | \U3> | \U4> | Mandatory Extended Area | |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| MN | Boy River | | FR | 18.0 | 0.0 | 0.0 | 0.0 | 18.0 |
| MN | Remer | | FR | 18.0 | 0.0 | 0.0 | 0.0 | 18.0 |
| MIN | Federal Dam | | FR | 18.0 | 0.0 | 0.0 | 0.0 | 18.0 |
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| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 361410 |
|-------|---|-------------------|
| <015> | Study Area Name | JOHNSON TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | PAMELA HINTZ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6516218535 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | phintz@otcpas.com |

| 711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | > <d3></d3> | | <d4></d4> |
|------|-----------|-----------------|---------------------|-------------------------|-------------------------|-----------|-------------|-------------------------|--|
| · | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | | | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| | MN | ALL | 45.0 | 0.0 | 45.0 | 3.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| | MN | ALL | 65.0 | 0.0 | 65.0 | 12.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| | MIN | ALL | 80.0 | 0.0 | 80.0 | 25.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| | MN | ALL | 120.0 | 0.0 | 120.0 | 100.0 | 1.0 | 999999.0 | Other, No limit on usage allowance |
| | | | | | | | | | |
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Page 1 of 2

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Johnson Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT: EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

Page 2 of 2

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES. 7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Johnson Tel Co is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

Page 1 of 1

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 610 Description of Functionality in Emergency Situations

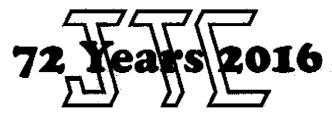
Johnson Tel Co pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - o A minimum of four hours of battery service in each central office.
 - o A permanently installed power unit in exchanges exceeding 5000 lines.
 - Mobile power units that can be delivered on short notice and which can be readily.
 connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

SAC: 361410 State: MN Johnson Tel Co

Form 481, Line No. 920, Tribal Government Engagement Obligation

Johnson Telephone Company (JTC) furnishes the Leech Lake Band of Ojibwe with phone and Internet services. The Company has had ongoing discussions with representatives of the Tribe concerning various technology and service offerings. Copies of the compliance filing associated with Federal dockets related to serving tribal areas was also sent to the Leech Lake Band. On December 27, 2016 the Company sent the Tribe its annual notice regarding the Tribe's right to initiate discussions with the Company regarding the Company's services and business practices. The Company will continue to initiate conversations in 2018.



JOHNSON TELEPHONE COMPANY

PO Box 39 - Remer, MN 56672 Tel 218-566-2302 - Fex 218-566-2166 - Email Itabusiness@itc-co.net

December 27, 2016

Leech Lake Band of Ojibwe Faron Jackson Sr, Tribal Chairman 190 Sailstar Dr NVV Cass Lake, MN 56633

Dear Chairman Jackson:

In accordance with sections 54.313 and 54.222 of FCC Rules, Johnson Telephone Company (JTC) has provided to the Leech Lake Band of Ojibwe (LLBO) copies of its 2016 High Cost and Low Income filing with the FCC. Further, pursuant to the "Tribal Engagement" provisions of Section 54.313, we are providing this annual notice regarding the opportunity for the LLBO to initiate discussions with JTC regarding our services and business practices, or any other items that need to be addressed.

Johnson Telephone Company remains committed to the continued development and improvement of communication services to all LLBO tribal areas in JTC's service territory, and looks forward to ongoing discussions to continue this process. Please contact me with any ideas or concerns you, or your staff have. Thank you for your time.

Sincerely,

JOHNSON TELEPHONE COMPANY

Dwayne Johnson Vice President

Phone - 218-566-2302

Email - itcbusiness@jtc-co.net

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 1010 Descriptive document for Voice Services Rate Comparability

Line 1010 – Description of Voice Services Rate Comparability: Provide a detailed description of how your pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10).

On February 14, 2017, the Wireline Competition Bureau announced results of the Urban Rate Survey for Voice Services as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

"Based on the survey results, the reasonable comparability benchmark for voice services is \$49.51.3

³ Id. at 17694, para. 84."

As required Johnson Tel Co hereby certifies that its current fixed voice services for residential subscribers as defined in the USF/ICC Transformation Order is below \$49.51.

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 1030 Descriptive document for Broadband Service Rate Comparability

Line 1030 – Description of Broadband Service Rate Comparability: Provide a detailed description of how your pricing of a Broadband service meeting the Commission's Public Interest Obligations is no more than the applicable benchmark, as published annually by the Wireline Competition Bureau, pursuant to 47 C.F.R. § 54.313(a)(12).

On February 14, 2017, the Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Service as part of FCC Public Notice DA 17-167. Referenced in this public notice are the results required to meet the rate comparability as noted:

Based on the survey results, the reasonable comparability benchmark calculations for broadband services can be calculated at http://www.fcc.gov/encyclopedia/urban-rate-survey-data.

As required Johnson Tel Co hereby certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

Page 1 of 3

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Johnson Tel Co offers Lifeline Service Credit according to basic service requirements listed in **Minnesota Administrative Rule "7811.0600 – Basic Local Service Requirements."**

Subpart 1. Required services. A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

- A. Single party voice-grade service and touch-tone capability;
- B. 911 or enhanced 911 access;
- C. 1+ intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
- D. Access to directory assistance, directory listings, and operator services;
- E. Toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999/CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
- F. One complete directory per year for each local calling area, which may include more than one local calling area, consistent with the customer option provisions of part 7810.2950 and, upon a customer's request and in the customer's preferred format among the formats offered by the local service provider, one copy of any other directory within the local calling area;
- G. A white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
- H. Call-tracing capability according to chapter 7813;
- I. Blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
- J. Telecommunications relay service capability or access necessary to comply with state and federal regulations.

Subpart 2. Separate flat rate service offering. At a minimum, each LSP shall offer the services identified in subpart 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

Page 2 of 3

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Subpart 3. Service area obligations: all LSPs. An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part <u>7811.0300</u> or <u>7811.0350</u>, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part <u>7811.0300</u>, subpart 4, or <u>7811.0350</u>, subpart 4. The obligation to provide resale services does not extend beyond the service capability of the underlying carrier whose service is being resold. The obligation to provide facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises.

Subpart 4. Service area obligations: ETCs. An LSP designated an ETC by the commission must provide local service, including, if necessary, facilities-based service, to all requesting customers within the carrier's service area on a nondiscriminatory basis, regardless of a customer's proximity to the carrier's facilities. An LSP may assess special construction charges approved by the commission if existing facilities are not available to serve the customer.

The Local Service Tariff is on file with Minnesota Public Utility Commission.

All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Johnson Tel Co adheres to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT (local service provider). On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Page 3 of 3

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Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

The specific Company terms and conditions for service are set forth in the Company's tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

JOHNSON TELEPHONE COMPANY REMER, MINNESOTA

Section 4 Page 1 Revision 5

LOCAL EXCHANGE SERVICE

Rates

| | Exchange Monthly Rates Boy River & | | | |
|------------------------------|------------------------------------|-------------|-----|--|
| <u>Class of Service</u> | Remer | Federal Dam | | |
| BUSINESS: | | | | |
| One Party | \$ 18.00 | \$ 18.00 | (I) | |
| Basic Coin Telephone Service | 18.00 | 18.00 | (I) | |
| RESIDENCE: | | | | |
| One Party | 18.00 | 18.00 | (I) | |
| COMBINED BUS/RES: | | | | |
| One Party | 18.00 | 18.00 | (I) | |

All rates are billed in advance. Payment for service is due when the statement is rendered.

Effective: <u>6-1-16</u>

JOHNSON TELEPHONE COMPANY Remer, Minnesota 56672 SECTION 4

SCHEDULE OF MONTHLY RATES

TOLL ACCESS RATES

| DESCRIPTION | MONTHLY RATES ALL EXCHANGES |
|--|--------------------------------|
| Business Interstate Single Line Interstate Multi Line | 2.00 6.00 |
| Residence Interstate | 2.00 |
| Combined Business/Residence Interstate Single Line Interstate Multi Line | 2.00 6.00 |
| Official (Company) Interstate Single Line Interstate Multi Line | 0.00 0.00 |

Issued By Conrad Johnson, Treasurer

Effective 6-01-86



SECTION-----4
PAGE-----3
REVISION-----2

Revised 4-15-97

Schedule of Monthly Rates

Effective 5-01-97

TELEPHONE NUMBER FEATURE RATES

| | SWITCH- BOARD | MONTHLY | |
|--------------------------------|------------------|-----------------|------|
| FEATURE | FEATURE | RATES | REV. |
| DESCRIPTION | CODE | (All Exchanges) | #2 |
| Digitone (Touch-tone) | DGT | 0.00 | |
| On Sept. 1, 1994, this Feature | | (NONE) | |
| became a part of a Customer's | | | |
| Basic Telephone Service | CFW | 2.00 | |
| Call Forwarding | | 2.00 | |
| Short Speed Calling 8 | SSC | 2.00 | |
| Long Speed Calling 30 | LSC | 3.00 | |
| 3-Way Calling | 3WC | 2.00 | |
| Call Waiting / | CWT | 2.00 | |
| Cancel Call Waiting | CCW | 1.00 | |
| Selective Ringing (Teen Line) | SEL | | |
| Business Use | | 7.00 | |
| Residence Use | | 5.00 | |
| Warm Line | WLN | 2.00 | |
| Long Distance Restricted sm | CSCR | | |
| USWest Customnet Screen | | 2.00 | |
| 900 Number Block | 900 | 0.00 (NONE) | |
| Non-Published Telephone Number | NON | 1.00 | |
| Unlisted Telephone Number | UNL | 1.00 | |
| Directory Number Hunting | DNHnnFRST | 6.00 | |
| Deny Originating | DOR | 2.00 | |
| Long Distance (Toll) Denied | TDN | 2.00 | |
| Deny Terminating | DTM | 2.00 | |
| Special Billing | SPB | 2.00 | |
| Local Call Detailing Record | LCDR | 6.00 | |
| Coin Supervision | CSV | 2.00 | Add |

JOHNSON
TELEPHONE
COMPANY
Remer, Minnesota 56672

SCHEDULE OF MONTHLY RATES

PREMISE WIRING MAINTENANCE RATES (deregulated)

MONTHLY RATE
Per Location
ALL EXCHANGES

Business, Residence, Combined Bus/Res
Single line and 2-Line Systems

1.00

Multiline and Key Systems (leased)

Mileage (per quarter mile)

Multiline and Key Systems (customer owned)

---- (1)

----(2)

2.50 (3)

(3) Mileage is charged for premise wiring between buildings.

| Issued | By Conrad Johnson, Treasurer |
|---|------------------------------|
| Effective 4-01-86 | |
| ### CHANGE OF THE PERSON OF THE PERSON OF THE | |

⁽¹⁾ Rate to be determined for each individual key wiring system.

⁽²⁾ Johnson Telephone Company does not maintain wiring system of customer owned key systems.

JOHNSON TELEPHONE COMPANY REMER, MINNESOTA

Section 4 Page 5 Revision 1

LOCAL EXCHANGE SERVICE

CUSTOM LOCAL AREA SIGNALLING SERVICES (CLASS)

RATE SCHEDULE

A. The rates shown below are per feature, per line equipped. Additional rates and charges are applicable for Service Connection Charges as shown in the Service Connection section of this tariff.

| CLASS Feature | JTC's | Monthly |
|-----------------------------------|---------|----------|
| | Feature | Rate |
| | Code | |
| Automatic Callback | ACB | \$2.00 |
| Distinctive Ringing/Call Waiting | DRCW | 2.00 |
| Selective Call Acceptance | SCA | 2.00 |
| Selective Call Forwarding | SCF | 2.00 |
| Selective Call Rejection | SCR | 2.00 |
| Customer Originated Trace | СОТ | 0.00 |
| Calling Number Delivery | CND | 0.00 (R) |
| Calling Number Delivery with Name | CNND | 0.00 (R) |
| Caller Number Delivery Blocking: | | |
| Per Call | CNDBC | 0.00 |
| Per Line | CNDBL | 0.00 |
| Anonymous Call Rejection | ACR | 0.00 |
| Automatic Recall | ARC | 2.00 |

Effective: <u>12-1-14</u>

JOHNSON TELEPHONE COMPANY which is traverst

SECTION 4

Remer, Minnesota 56672

SCHEDULE OF MONTHLY RATES

MISCELLANEOUS RATES

| DESCRIPTION | MONTHLY RATES ALL EXCHANGES |
|--------------------------------|--------------------------------|
| Directory Listing Rates | |
| Additional Listing | 0.50 |
| Alternate Listing | 0.50 |
| Unlisted Telephone Number | 1.00 |
| Non Published Telephone Number | 1.00 |
| | |
| Network Interface Rates | olov. |
| Network Interface Device | 1.00 |

P537 | m-87-202

| Issued | | ВУ | Conrad | Johnson, | Treasurer |
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| | | **** **** **** **** *** | | | |

JOHNSON TELEPHONE COMPANY Remer, Minnesota 56672 SECTION 4 PAGE 6

SCHEDULE OF MONTHLY RATES

MISCELLANEOUS RATES

| | MONTHLY RATES |
|---------------------------------------|---------------|
| DESCRIPTION | ALL EXCHANGES |
| Directory Listing Rates | |
| Additional Listing | 0.50 |
| Alternate Listing | 0.50 |
| Unlisted Telephone Number | 1.00 |
| Non Published Telephone Number | 1.00 |
| Interface Coupler Rates | |
| Single line and 2-line Wiring Systems | 0.00 |
| Multiline and Key Wiring Systems | 1.00 |
| Coin Telephone Rates | |
| Public and Semi-public | |
| Local message | 0.25 per |
| | local |
| | message |

Issued By Conrad Johnson, Treasurer

Effective 1-01-87

SAC: 361410 State: MN Johnson Tel Co

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Johnson Tel Co hereby certifies that throughout 2016, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

SAC: 361410 State: MN Johnson Tel Co

Form 481 Line No. 3017 RUS Annual Report

DOCUMENT REDACTED IN ITS ENTIRETY